

CAHPS™ 2.0

**Adult Medicaid
Managed Care Questionnaire**

October, 1998

SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes ➔ **Go to Question 1**

☐ No

{This box should be placed on the Cover Page}

All information that would let someone identify you or your family will be kept private. {SPONSOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call XXX.

1. Our records show that you are now in {Medicaid/State name for Medicaid}. Is that right?

¹☐ Yes → Go to Question 3
²☐ No

2. What is the name of your health plan? (please print)

YOUR PERSONAL DOCTOR OR NURSE

The next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When you joined your health plan or at any time since then, did you get a new personal doctor or nurse?

¹☐ Yes
²☐ No → Go to Question 5

4. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

¹☐ A big problem
²☐ A small problem
³☐ Not a problem

☐ I didn't get a new personal doctor or nurse.

5. Do you have one person you think of as your personal doctor or nurse?

¹☐ Yes
²☐ No → Go to Question 7 on page 2

6. We want to know your rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

☐ 0 Worst personal doctor or nurse possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best personal doctor or nurse possible

☐ I don't have a personal doctor or nurse.

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions,
do not include dental visits.

7. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 6 months, did you or a doctor think you needed to see a specialist?

¹ ☐ Yes

² ☐ No → Go to Question 9

8. In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

☐ I didn't need to see a specialist in the last 6 months.

9. In the last 6 months, did you see a specialist?

¹ ☐ Yes

² ☐ No → Go to Question 12 on page 3

10. We want to know your rating of the specialist you saw most often in the last 6 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

☐ 0 Worst specialist possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best specialist possible

☐ I didn't see a specialist in the last 6 months.

11. In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?

¹ ☐ Yes

² ☐ No

☐ I don't have a personal doctor or I didn't see a specialist in the last 6 months.

CALLING DOCTORS' OFFICES

12. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

¹ ☐ Yes

² ☐ No → Go to Question 14

13. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ I didn't call for help or advice during regular office hours in the last 6 months.

YOUR HEALTH CARE IN THE LAST 6 MONTHS

14. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 6 months, did you make any appointments with a doctor or other health provider for regular or routine health care?

¹ ☐ Yes

² ☐ No → Go to Question 16

15. In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

☐ I didn't need an appointment for regular or routine care in the last 6 months.

16. In the last 6 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

¹ ☐ Yes

² ☐ No → Go to Question 18 on page 4

17. In the last 6 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always
☐ I didn't need care right away for an illness or injury in the last 6 months.

18. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- ☐ None
_____ Number of times (*Write in.*)

19. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

☐ None → **Go to Question 31 on page 6**

- ¹ ☐ 1 time
² ☐ 2 times
³ ☐ 3 times
⁴ ☐ 4 times
⁵ ☐ 5 to 9 times
⁶ ☐ 10 or more times

20. In the last 6 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

- ¹ ☐ A big problem
² ☐ A small problem
³ ☐ Not a problem
☐ I had no visits in the last 6 months.

21. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- ¹ ☐ A big problem
² ☐ A small problem
³ ☐ Not a problem
☐ I had no visits in the last 6 months.

22. In the last 6 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always
☐ I had no visits in the last 6 months.

23. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ I had no visits in the last 6 months.

24. In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ I had no visits in the last 6 months.

25. In the last 6 months, how often did doctors or other health providers listen carefully to you?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ I had no visits in the last 6 months.

26. In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ I had no visits in the last 6 months.

27. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ I had no visits in the last 6 months.

28. In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ I had no visits in the last 6 months.

29. In the last 6 months, how often did doctors or other health providers spend enough time with you?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ I had no visits in the last 6 months.

30. We want to know your rating of all your health care in the last 6 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible
- ☐ I had no visits in the last 6 months.

31. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?

- ¹ ☐ Yes
- ² ☐ No → **Go to Question 33 on page 7**

32. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?

- ¹ ☐ Never
- ² ☐ Sometimes
- ³ ☐ Usually
- ⁴ ☐ Always
- ☐ I had no visits in the last 6 months or I didn't need an interpreter in the last 6 months.

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

33. Some states pay health plans to care for people covered by {Medicaid/ State name for Medicaid}. With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list.

Are you covered by a health plan like this?

¹ ☐ Yes

² ☐ No → Go to Question 39

34. Is this the health plan you use for all or most of your health care?

¹ ☐ Yes

² ☐ No

35. How many months or years in a row have you been in this health plan?

¹ ☐ Less than 6 months

² ☐ 6 up to 11 months

³ ☐ 12 up to 23 months

⁴ ☐ 2 up to 5 years

⁵ ☐ 5 up to 10 years

⁶ ☐ 10 or more years

36. Did you choose your health plan or were you told which plan you were in?

¹ ☐ I chose my plan.

² ☐ I was told which plan I was in.

37. You can get information about plan services in writing, by telephone, or in-person.

Did you get any information about your health plan before you signed up for it?

¹ ☐ Yes

² ☐ No → Go to Question 39

38. How much of the information you were given before you signed up for the plan was correct?

¹ ☐ All of it

² ☐ Most of it

³ ☐ Some of it

⁴ ☐ None of it

☐ I didn't get any information about my health plan.

39. In the last 6 months, did you look for any information in written materials from your health plan?

¹ ☐ Yes

² ☐ No → Go to Question 41 on page 8

40. In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

☐ I didn't look for information from my health plan in the last 6 months.

41. In the last 6 months, did you call your health plan's customer service to get information or help?

¹ ☐ Yes

² ☐ No → **Go to Question 43**

42. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

☐ I didn't call my health plan's customer service in the last 6 months.

43. Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

In the last 6 months, did you have any experiences with paperwork for your health plan?

¹ ☐ Yes

² ☐ No → **Go to Question 45**

44. In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

☐ I didn't have any experience with paperwork for my health plan in the last 6 months.

45. We want to know your rating of all your experience with your health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

☐ 0 Worst health plan possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best health plan possible

ABOUT YOU

46. In general, how would you rate your overall health now?

- ¹☐ Excellent
- ²☐ Very good
- ³☐ Good
- ⁴☐ Fair
- ⁵☐ Poor

47. What is your age now?

- ¹☐ 18 to 24
- ²☐ 25 to 34
- ³☐ 35 to 44
- ⁴☐ 45 to 54
- ⁵☐ 55 to 64
- ⁶☐ 65 to 74
- ⁷☐ 75 or older

48. Are you male or female?

- ¹☐ Male
- ²☐ Female

49. What is the highest grade or level of school that you have completed?

- ¹☐ 8th grade or less
- ²☐ Some high school, but did not graduate
- ³☐ High school graduate or GED
- ⁴☐ Some college or 2-year degree
- ⁵☐ 4-year college graduate
- ⁶☐ More than 4-year college degree

50. Are you of Hispanic or Latino origin or descent?

- ¹☐ Hispanic or Latino
- ²☐ Not Hispanic or Latino

51. What is your race? Please mark one or more.

- ¹☐ White
- ²☐ Black or African-American
- ³☐ Asian
- ⁴☐ Native Hawaiian or other Pacific Islander
- ⁵☐ American Indian or Alaska Native

52. What language do you mainly speak at home?

- ¹☐ English
 - ²☐ Spanish
 - ³☐ Some other language (please print)
-
-

53. Did someone help you complete this survey?

- ¹☐ Yes → **Go to Question 54 on page 10**
- ²☐ No → **Please return the survey in the postage-paid envelope**

**54. How did that person help you?
(Check all that apply)**

- ☐ ¹ Read the questions to me.
- ☐ ² Wrote down the answers I gave.
- ☐ ³ Answered the questions for me.
- ☐ ⁴ Translated the questions into my language.
- ☐ ⁵ Helped in some other way (please print)

THANK YOU

Please return the completed survey in the postage-paid envelope.